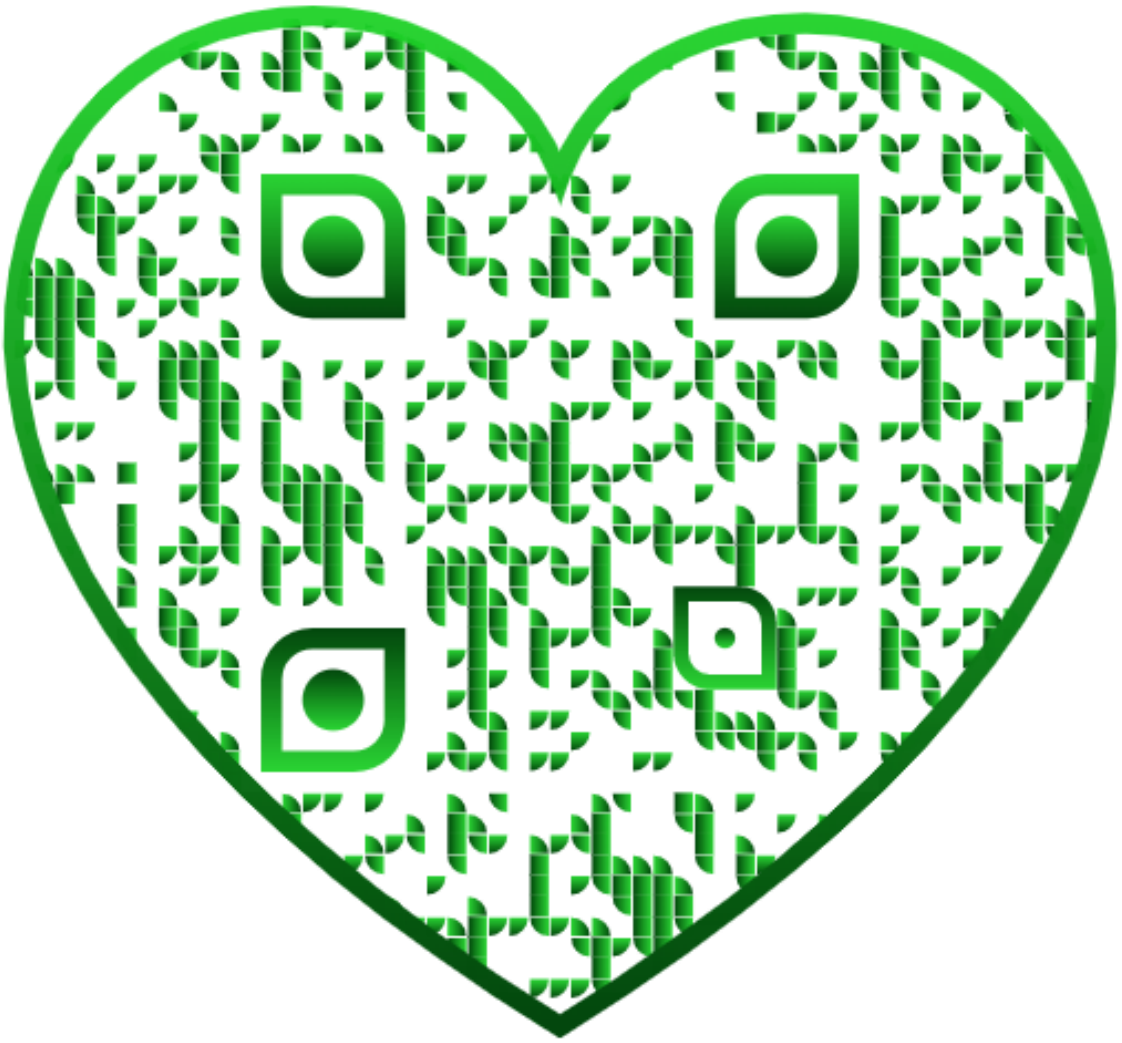
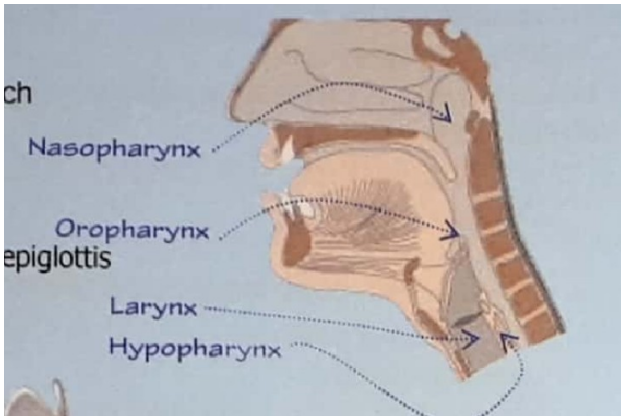
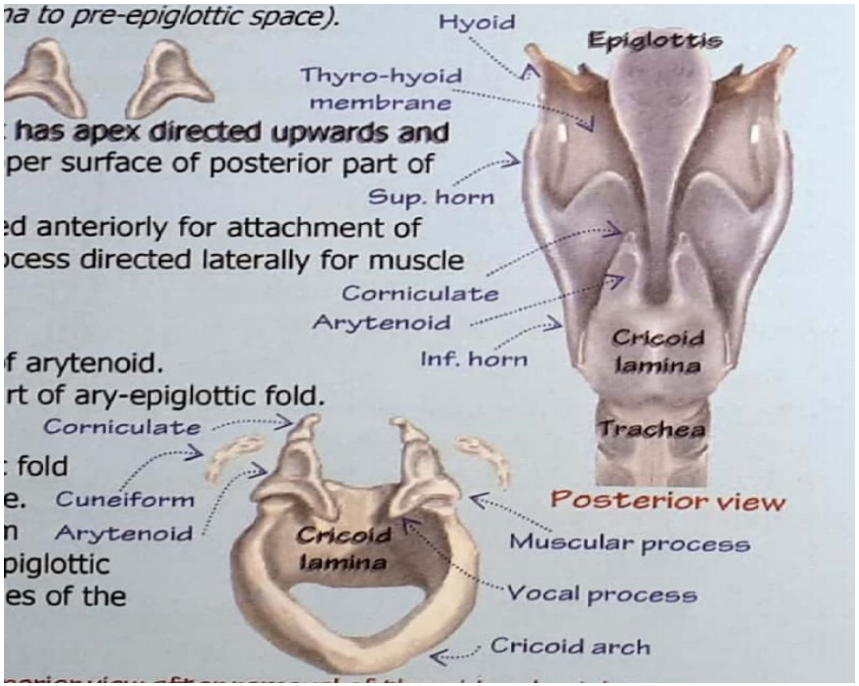
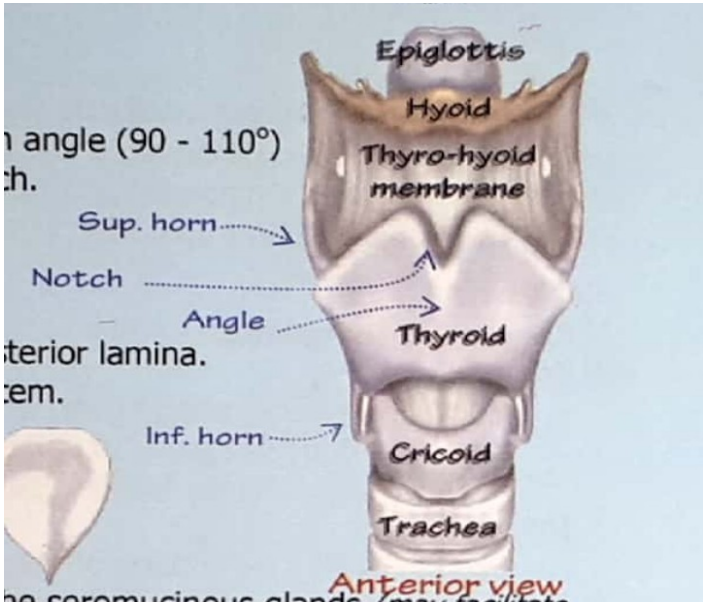
LARYNX

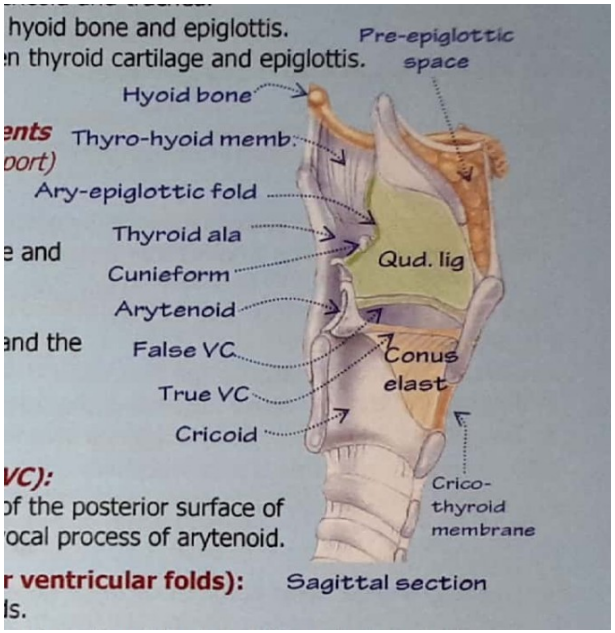
ABDLWHB QUSHAISH

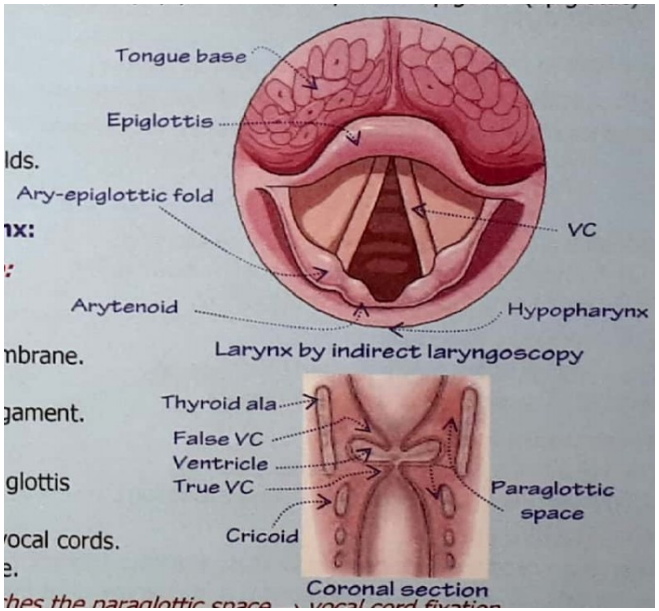



Nasopharynx
Oropharynx
epiglottis
Larynx
Hypopharynx

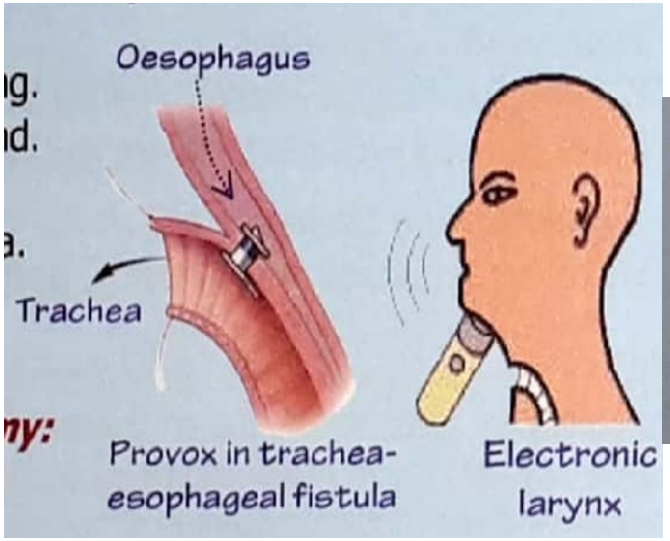

Hyoid
Epiglottis
Thyro-hyoid membrane
Sup. horn
Corniculate
Arytenoid
Inf. horn
Cricoid lamina
Trachea
Posterior view
Cuneiform
Muscular process
Vocal process
Cricoid arch

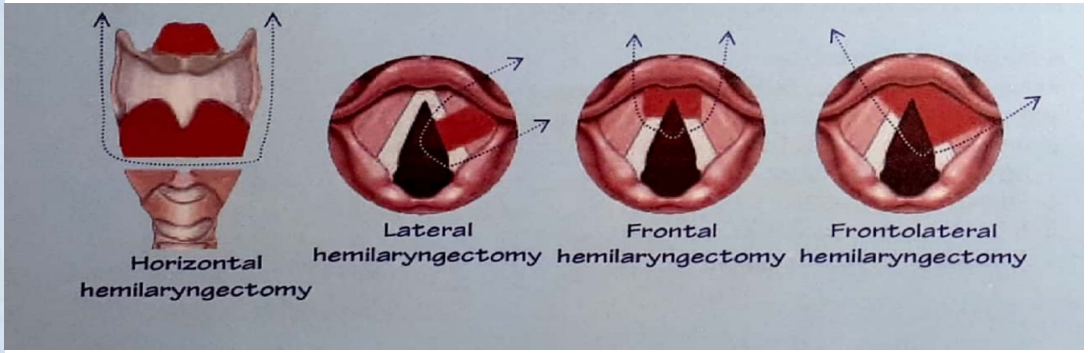

Epiglottis
Hyoid
Thyro-hyoid membrane
Sup. horn
Notch
Angle
Thyroid
Inf. horn
Cricoid
Trachea
Anterior view


Pre-epiglottic space
Hyoid bone
Thyro-hyoid memb.
Ary-epiglottic fold
Thyroid ala
Cunieform
Arytenoid
False VC
True VC
Cricoid
Qud. lig
Conus elast
Crico-thyroid membrane
Sagittal section

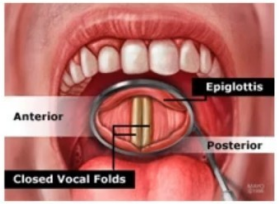

Tongue base
Epiglottis
Ary-epiglottic fold
VC
Arytenoid
Hypopharynx
Larynx by indirect laryngoscopy
Thyroid ala
False VC
Ventricle
True VC
Cricoid
Paraglottic space
Coronal section

Heimlich maneuver


Oesophagus
Trachea
Provox in trachea-esophageal fistula
Electronic larynx


Horizontal hemilaryngectomy
Lateral hemilaryngectomy
Frontal hemilaryngectomy
Frontolateral hemilaryngectomy

Indirect Laryngoscopy



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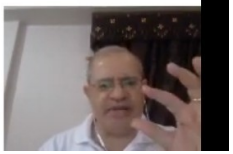
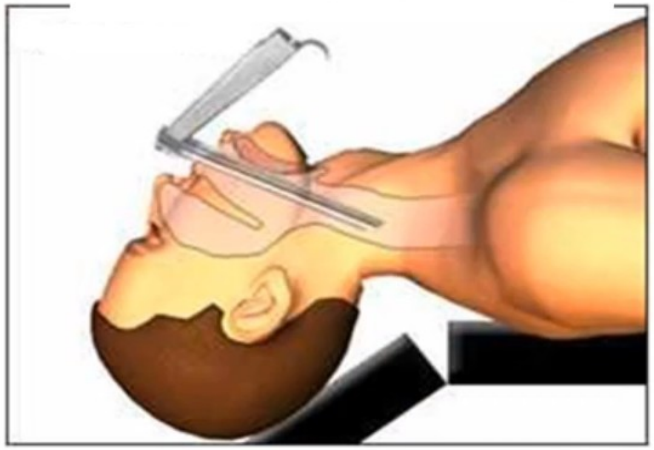


Direct Laryngoscopy

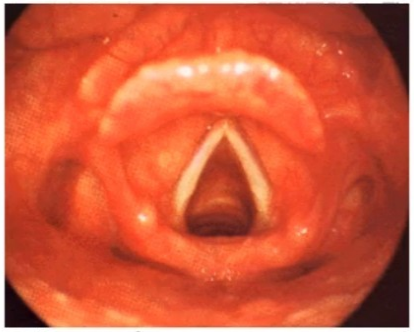


Pointing to anatomical landmarks

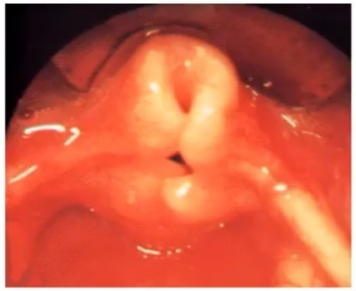
Rt Lt

Flexible laryngoscopy

Lt Rt



Direct laryngoscopy



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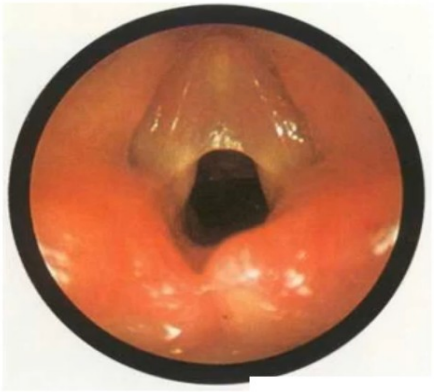
Laryngomalacia



Congenital Web

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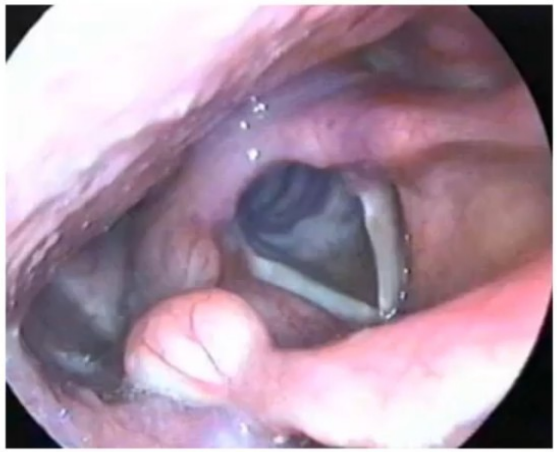

Supraglottic cyst

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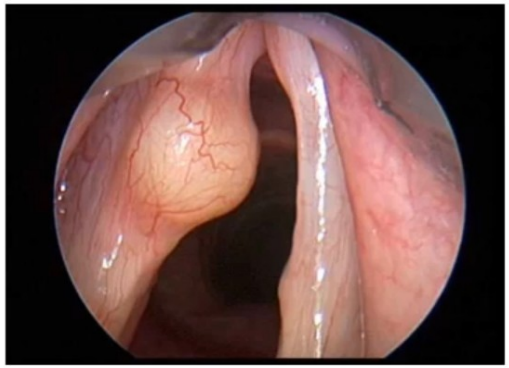
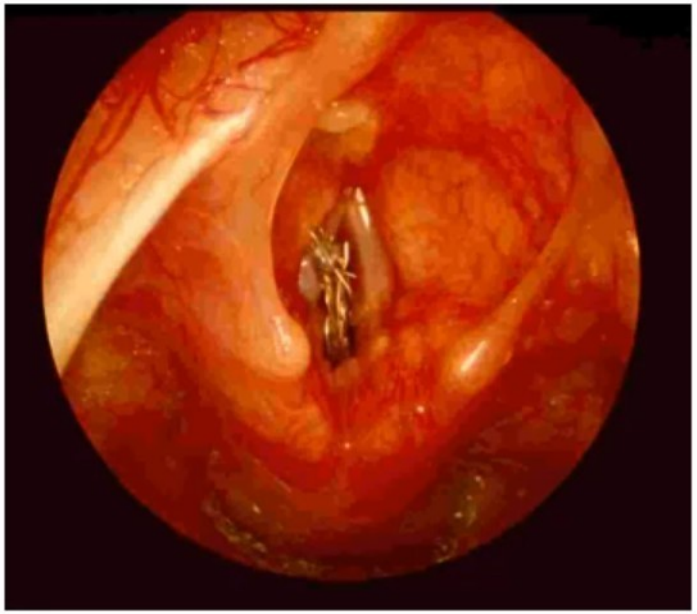


VC cyst

Mosaad Abdel-Aziz



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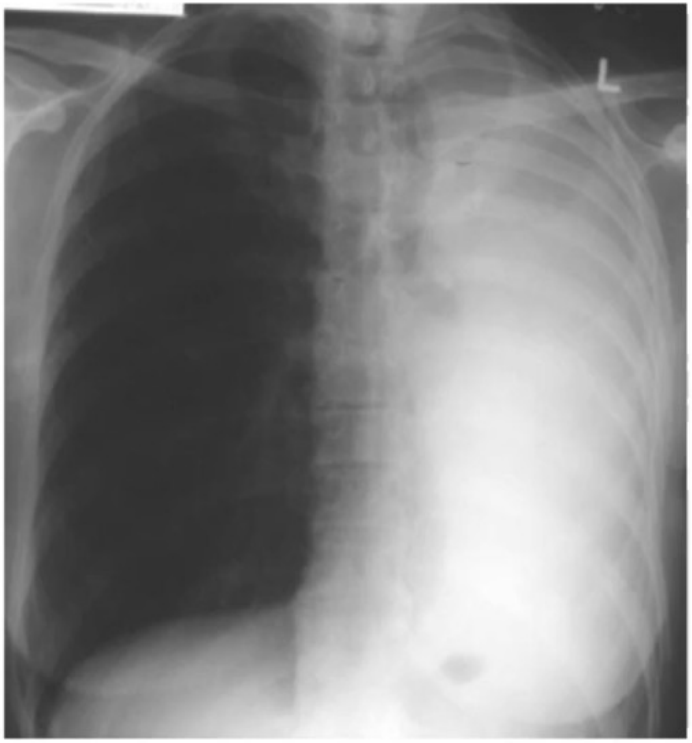
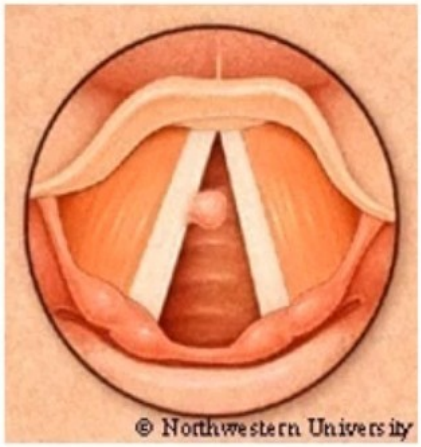
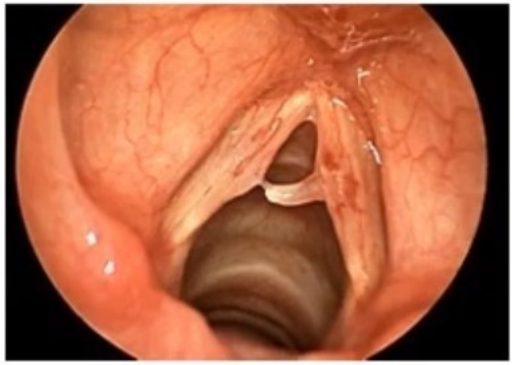
Laryngeal FB



Collapsed Lung



VC polyp



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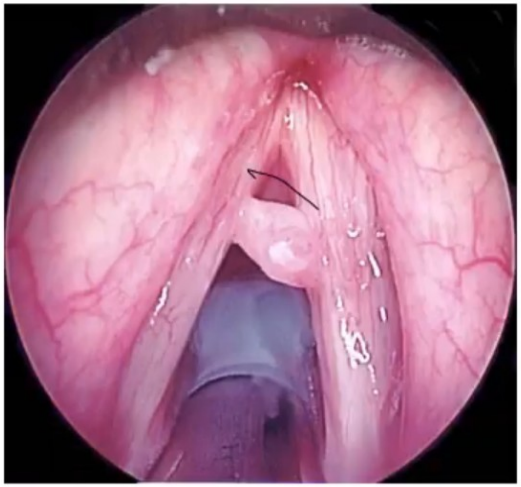
VC polyp

Mosaad Abdel-Aziz



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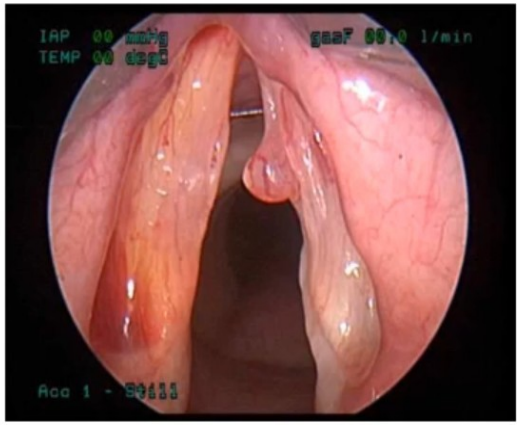
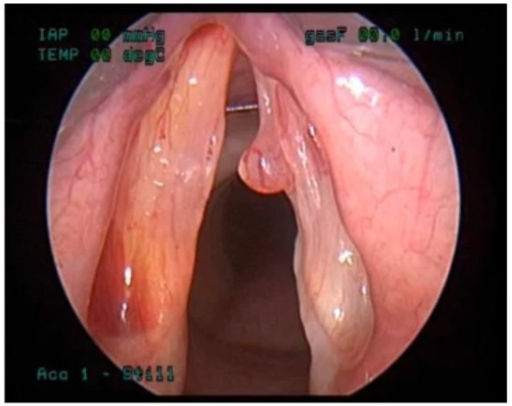
VC polyp





VC polyp

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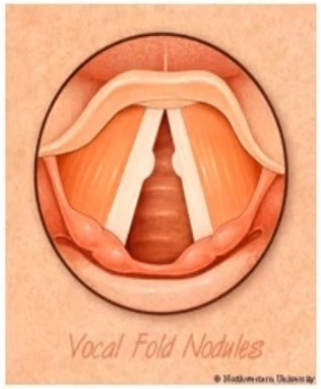
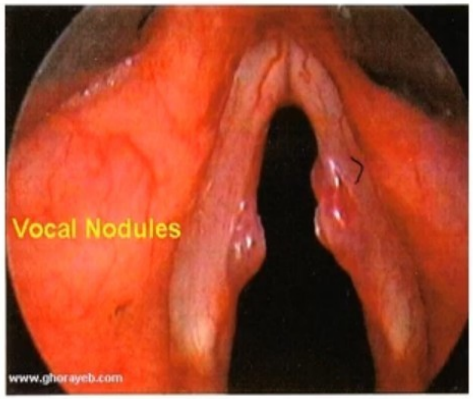
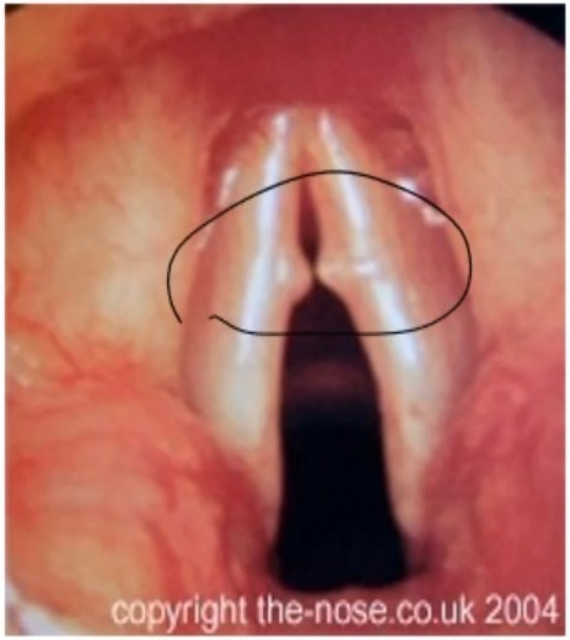


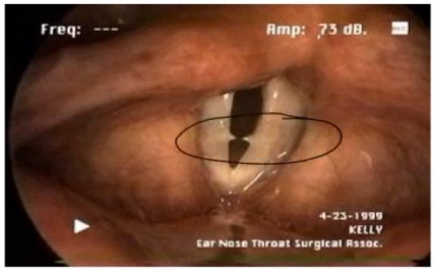


Singer's nodes



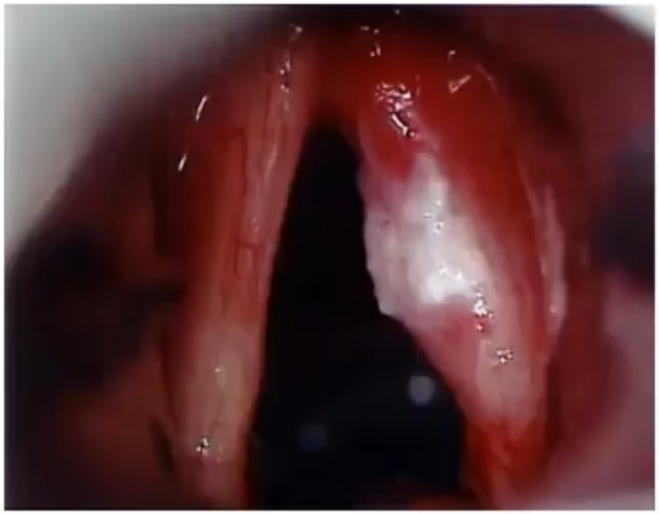
Singer's Nodes

Mosaad Abdel-Aziz



Singer's Nodes

Mosaad Abdel-Aziz



Leukoplakia

Bilateral Leukoplakia

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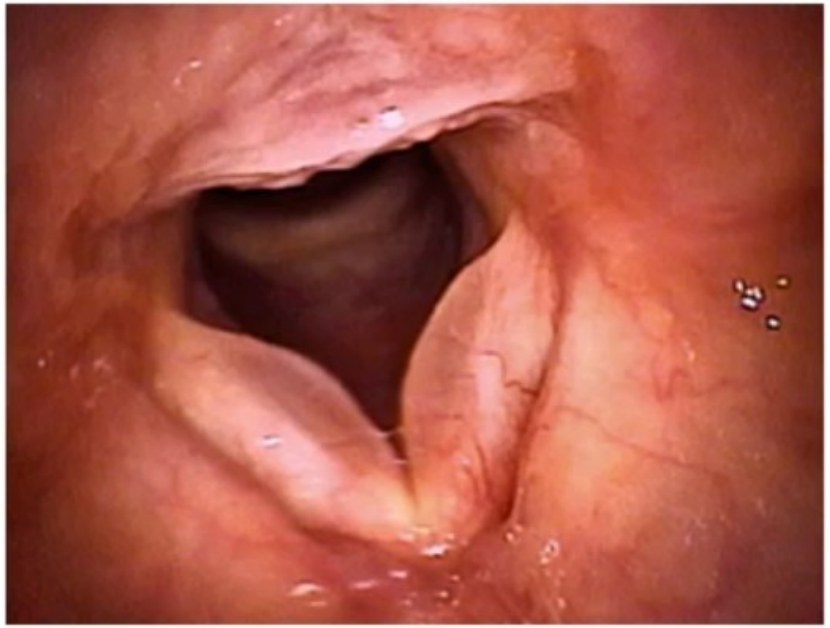
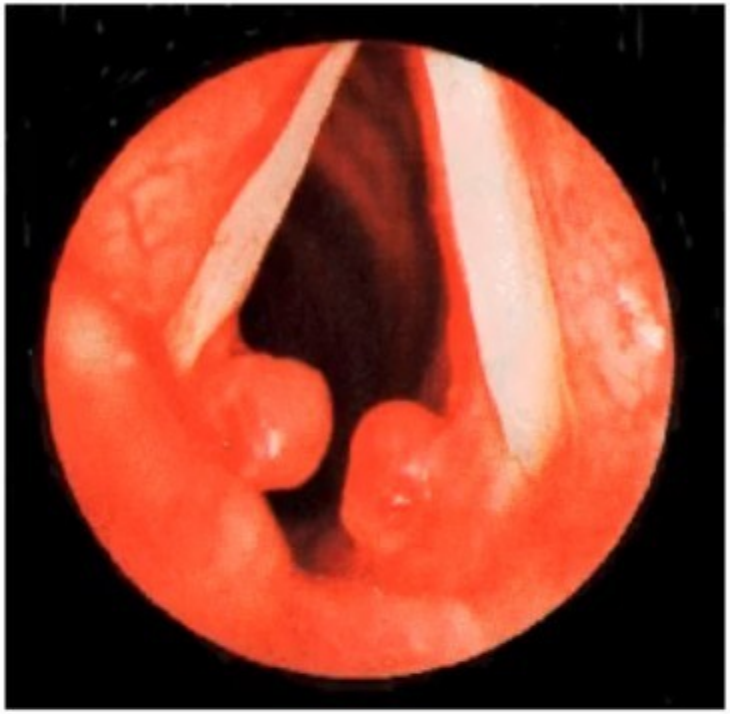


Reinke's oedema



Intubation Granuloma

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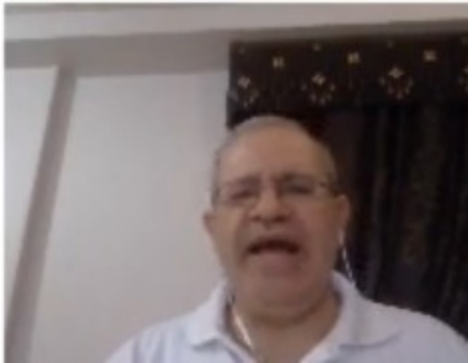
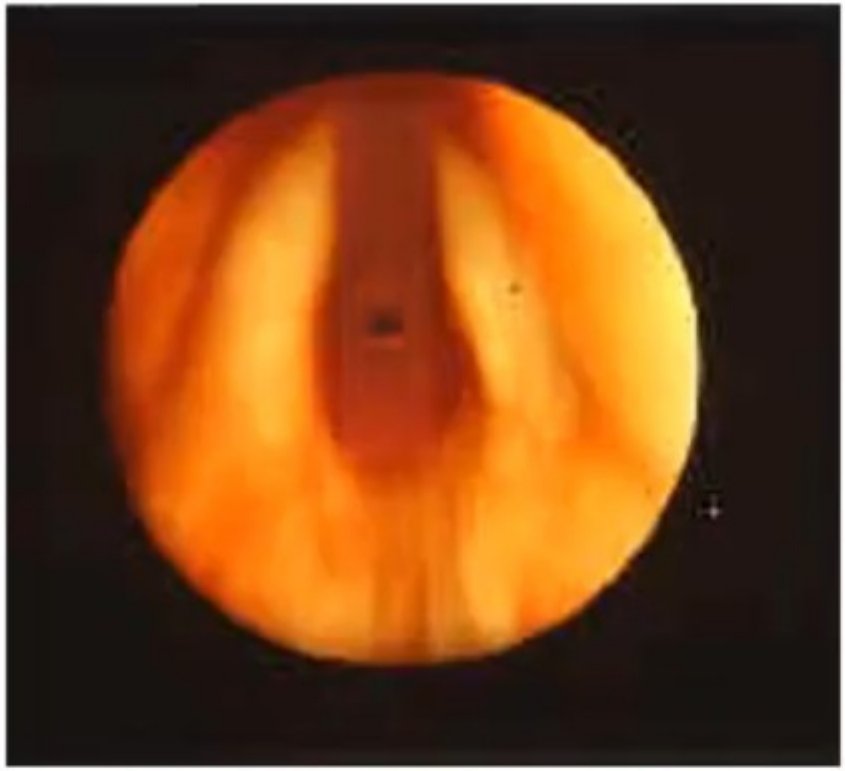
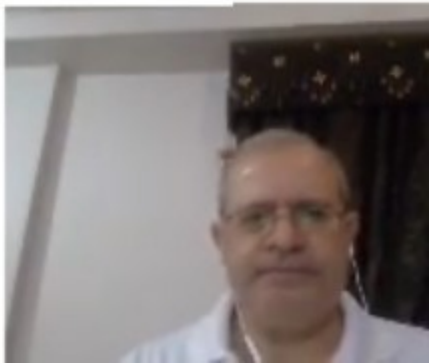
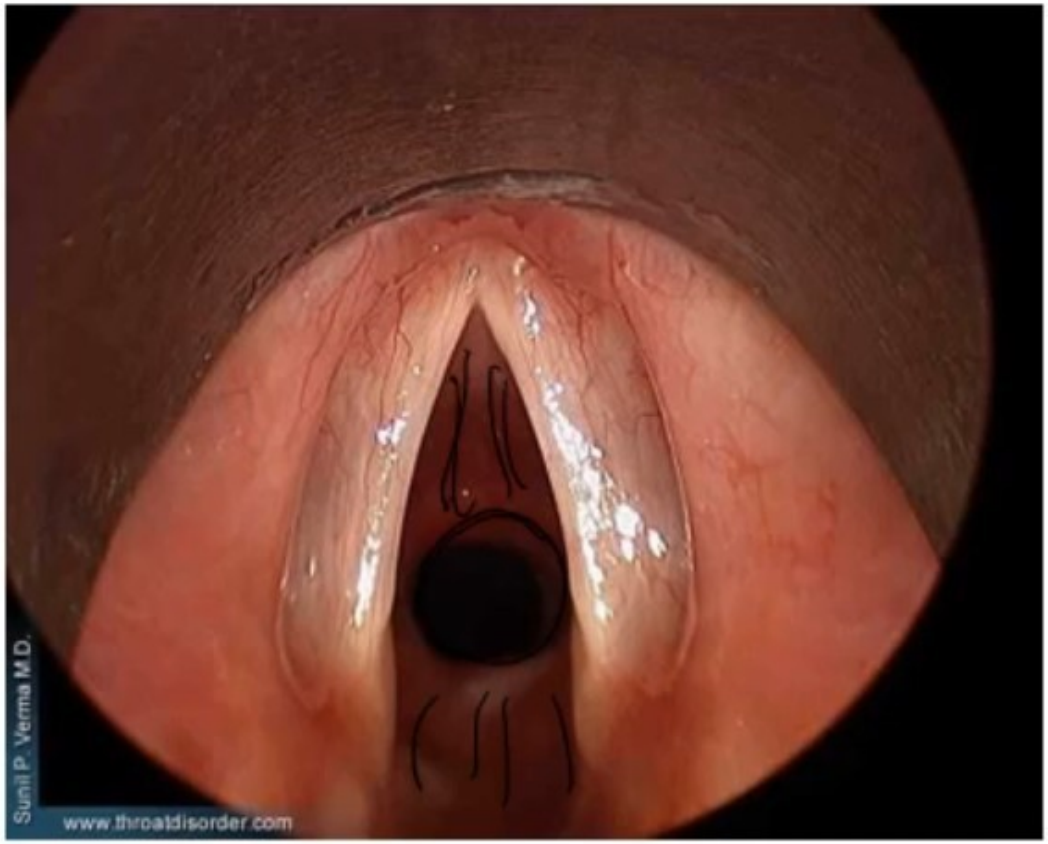




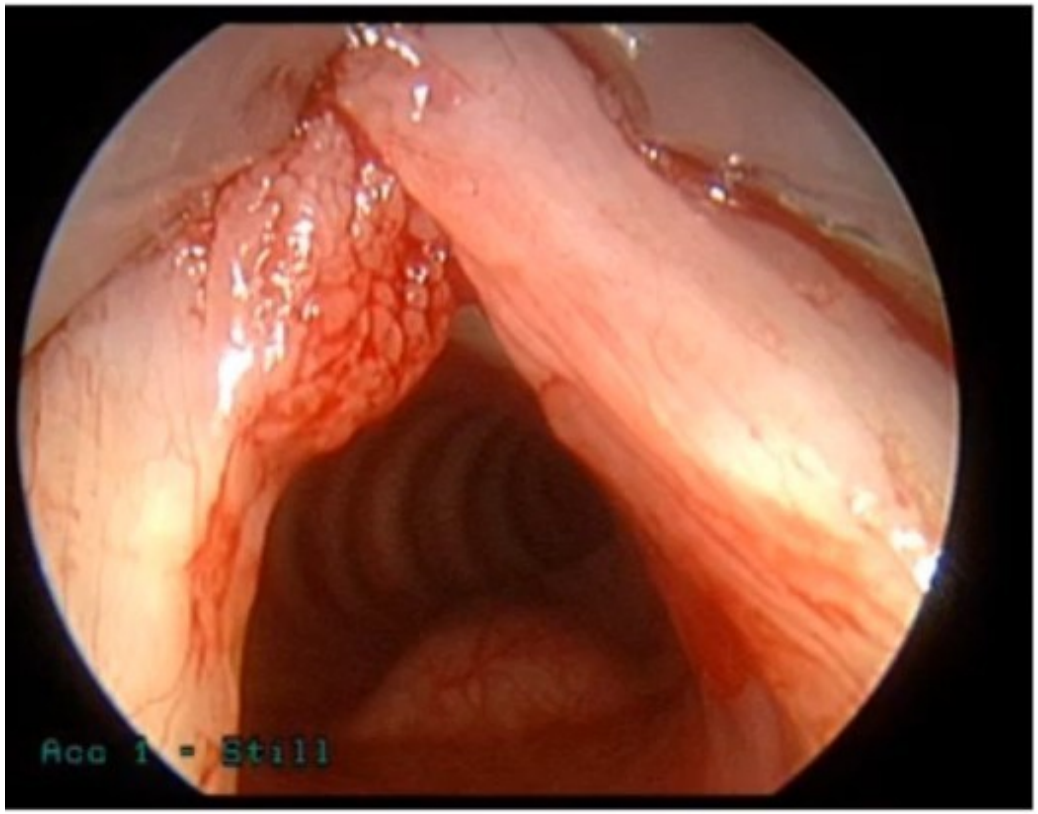
Subglottic Stenosis



Mosaad Abdel-Aziz

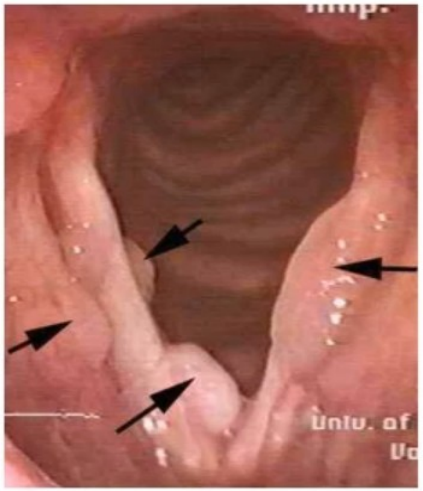


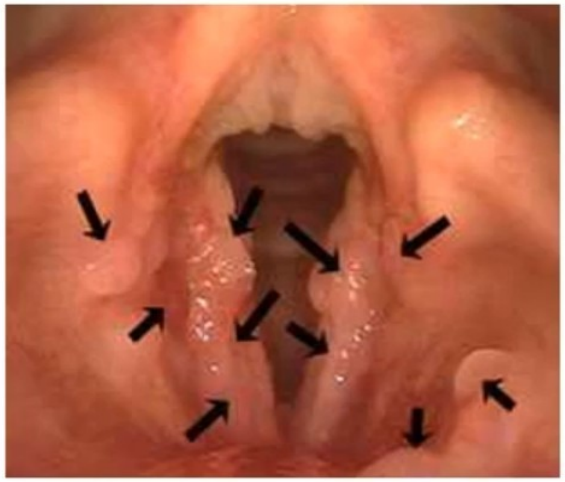
Subglottic Stenosis



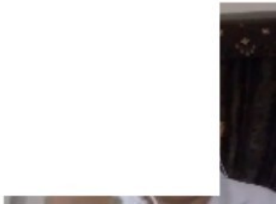
Cancer LARYNX

Single papilloma of adult

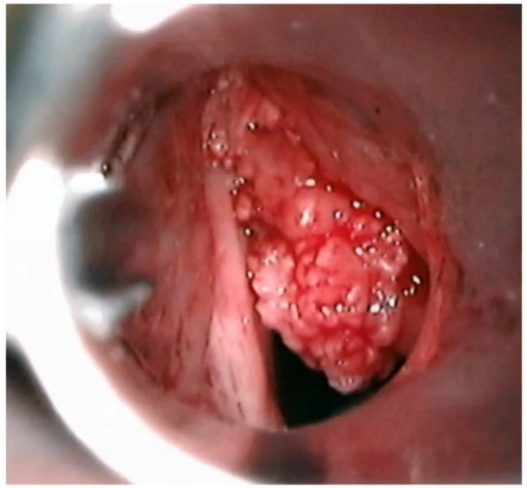




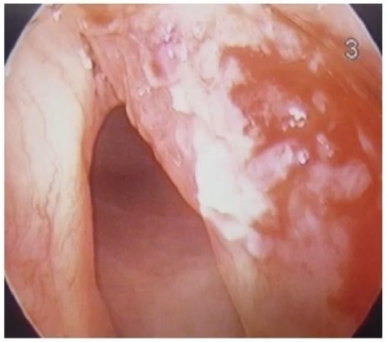
Multiple Juvenile Papillomatosis



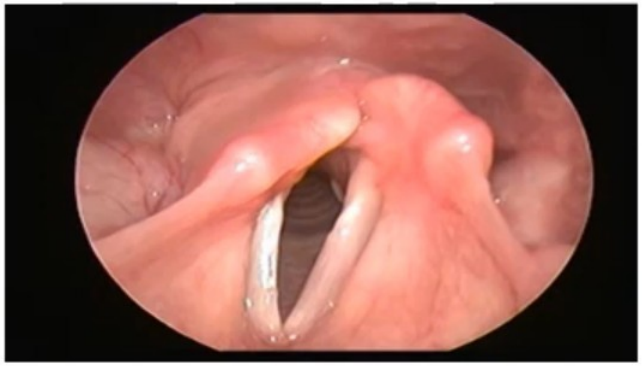
Cancer Larynx



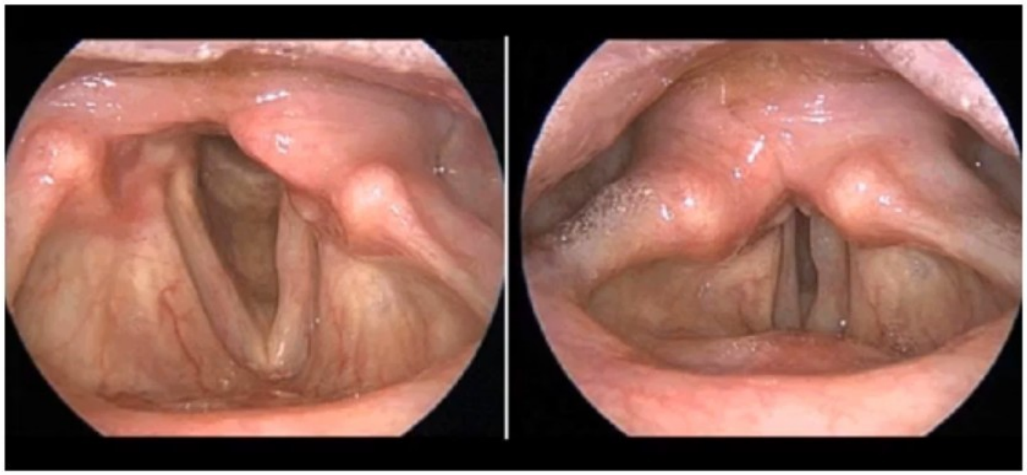
Cancer Larynx



Supraglottic Cancer Larynx



Unilateral VC paralysis



Unilateral & bilateral VC paralysis

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Endotracheal Tubes

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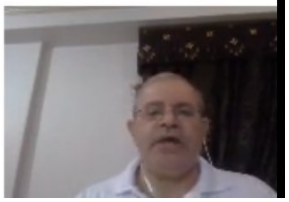

Thyroglossal Cyst

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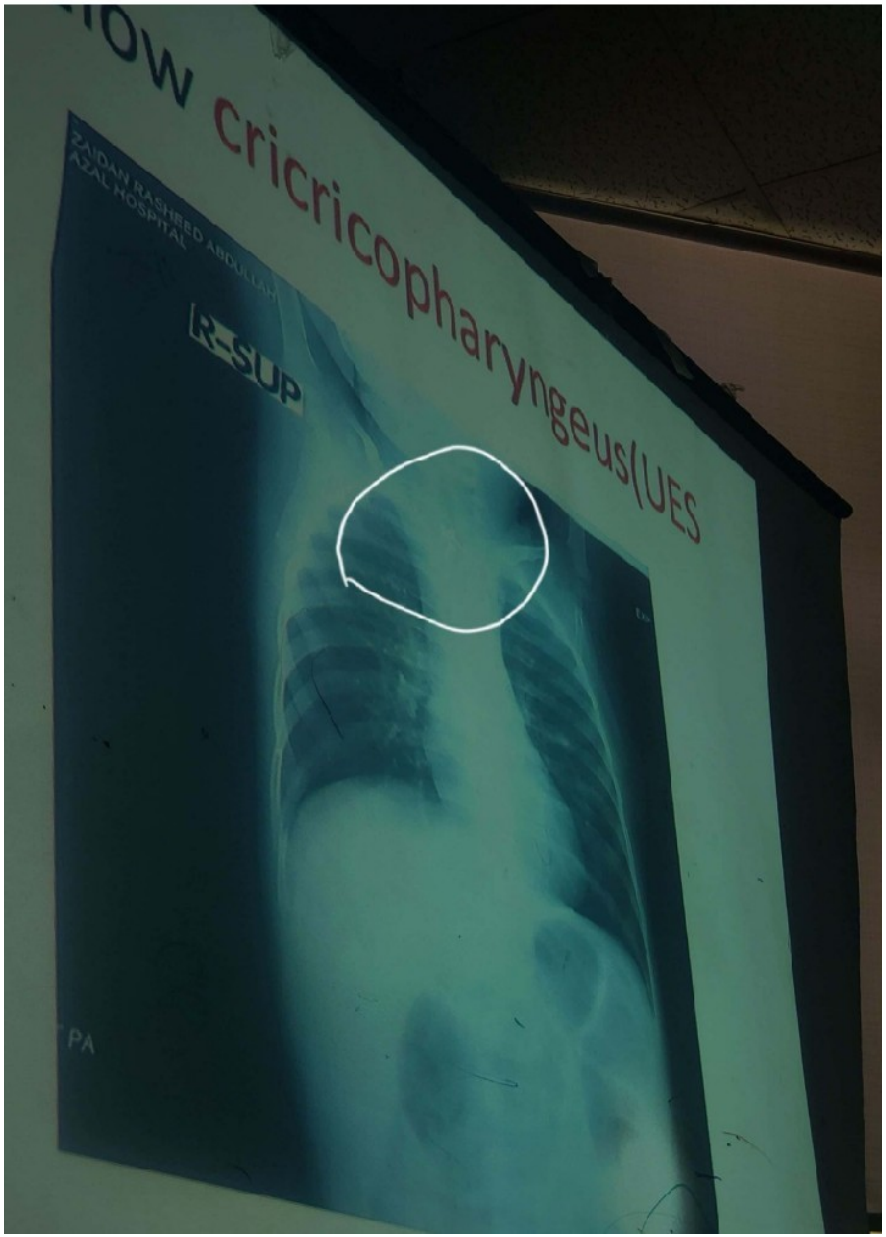
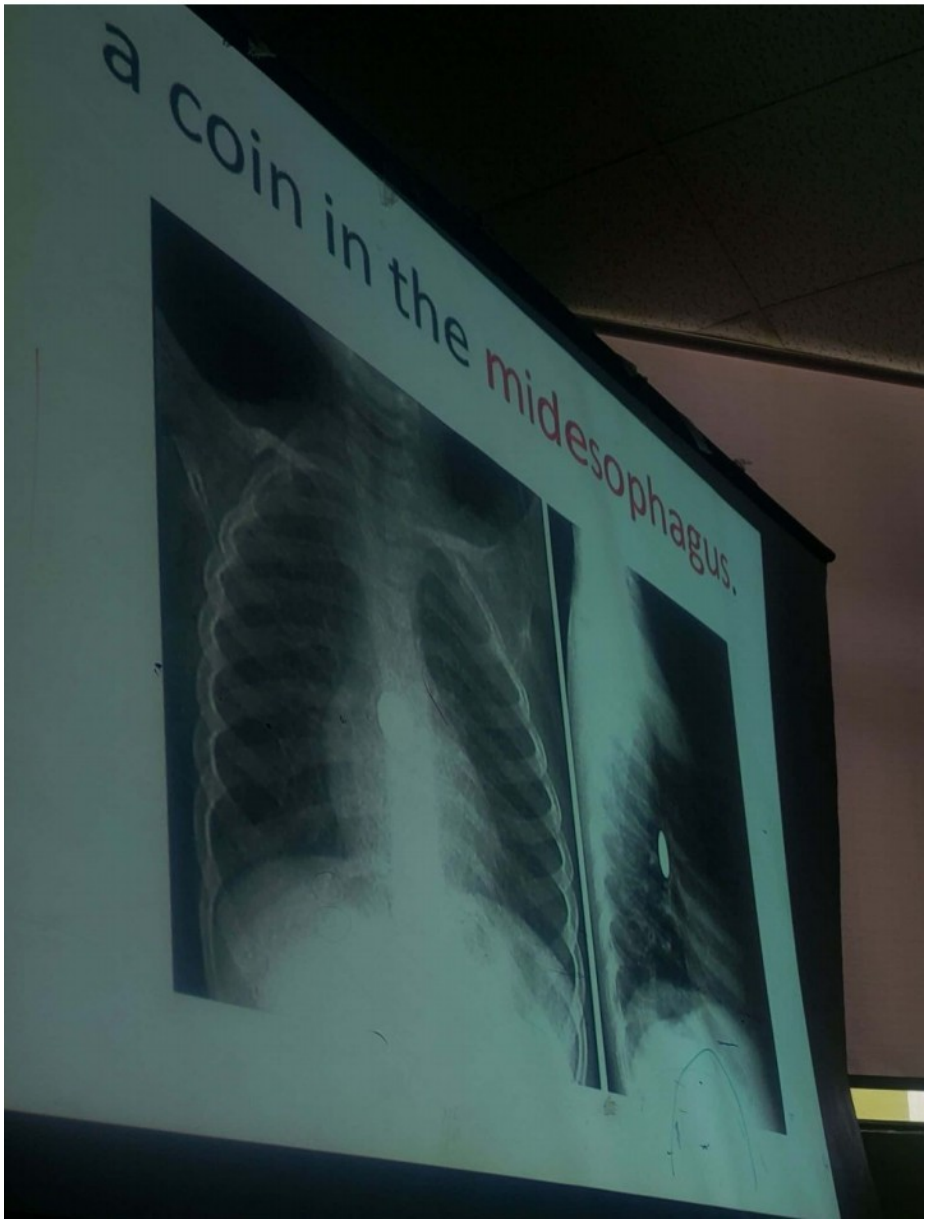
Parotid Swelling

Dr. Mhmd Mosleh Slides

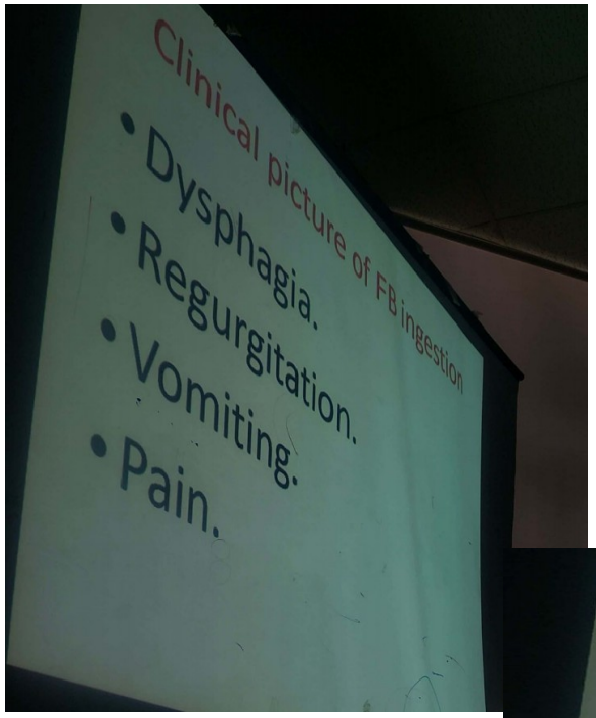


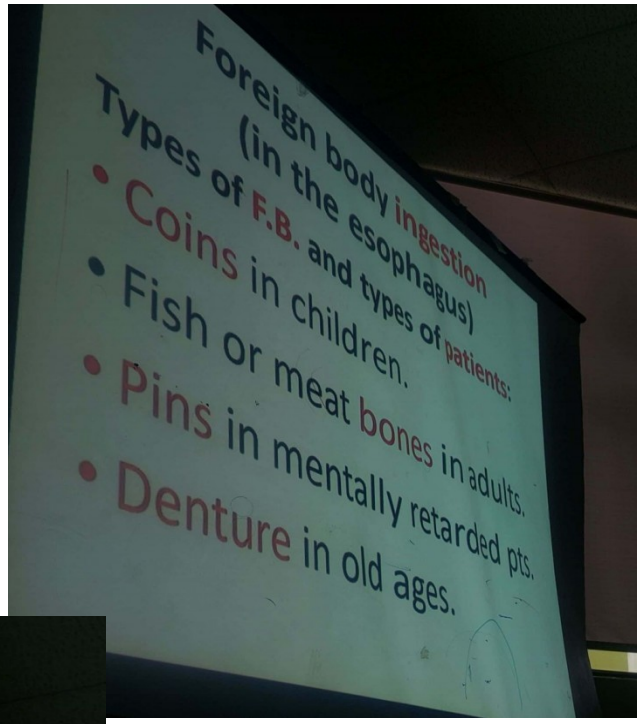
ow cricricopharyngeus(UES

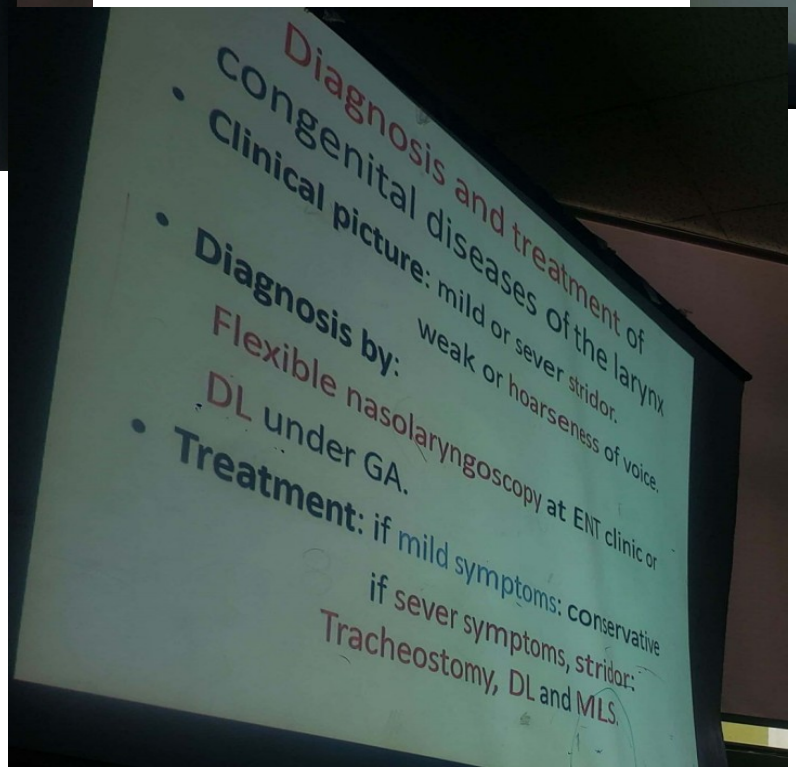


a coin in the midesophagus.

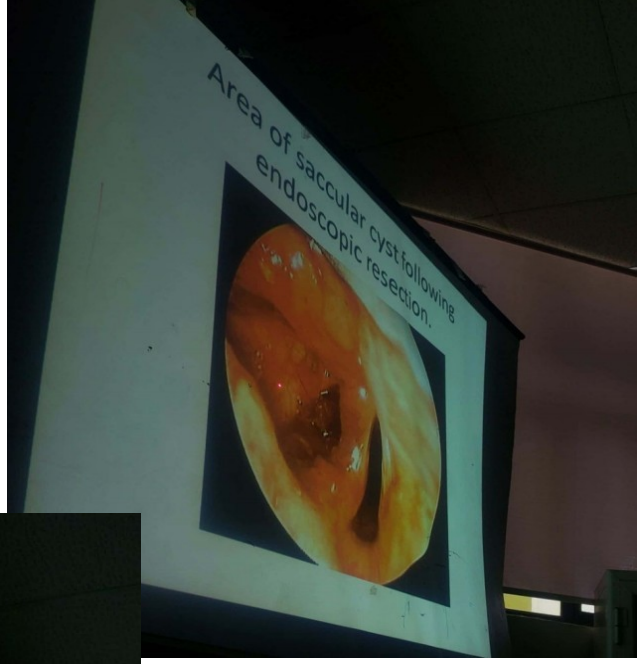
Below cricricopharyngeus(UES)
foreign body
ingestion in upper
esophagus

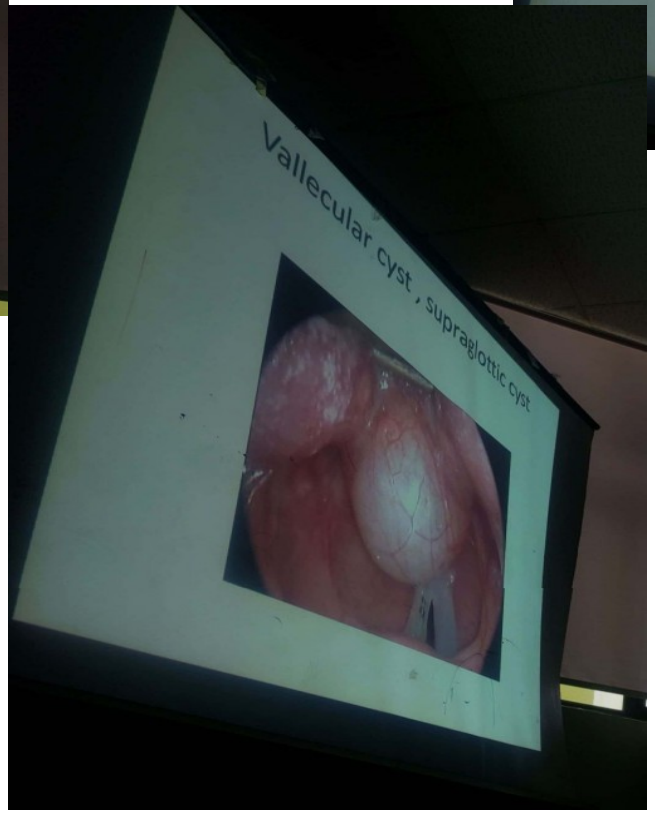

Clinical picture of FB ingestion
• Dysphagia.
• Regurgitation.
• Vomiting.
• Pain.

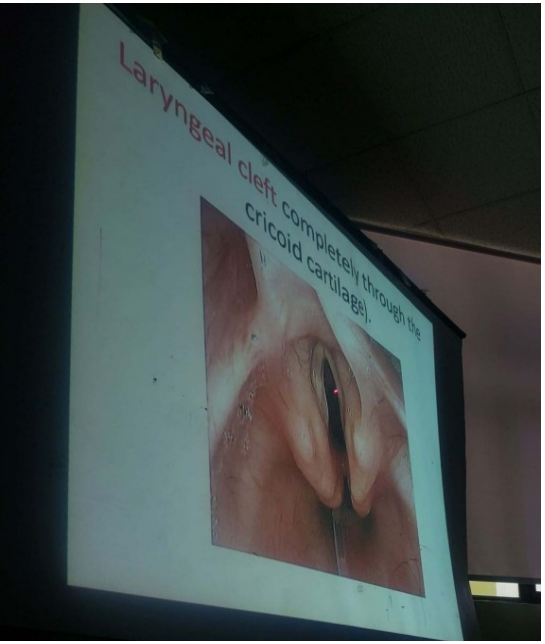

Foreign body ingestion
(in the esophagus)
Types of F.B. and types of patients:
• Coins in children.
• Fish or meat bones in adults.
• Pins in mentally retarded pts.
• Denture in old ages.

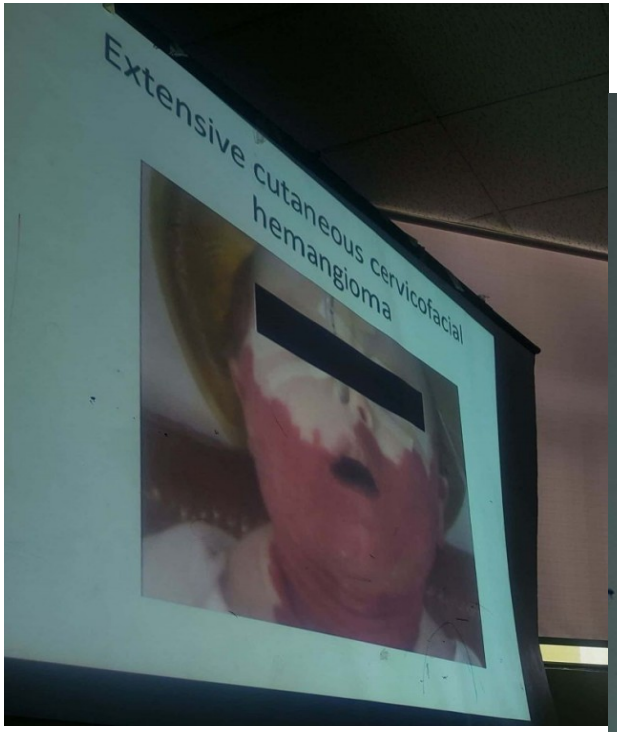

Diagnosis and treatment of
congenital diseases of the larynx
• Clinical picture: mild or sever stridor.
weak or hoarseness of voice.
• Diagnosis by:
Flexible nasolaryngoscopy at ENT clinic or
DL under GA.
• Treatment: if mild symptoms: conservative
if sever symptoms, stridor:
Tracheostomy, DL and MLS.

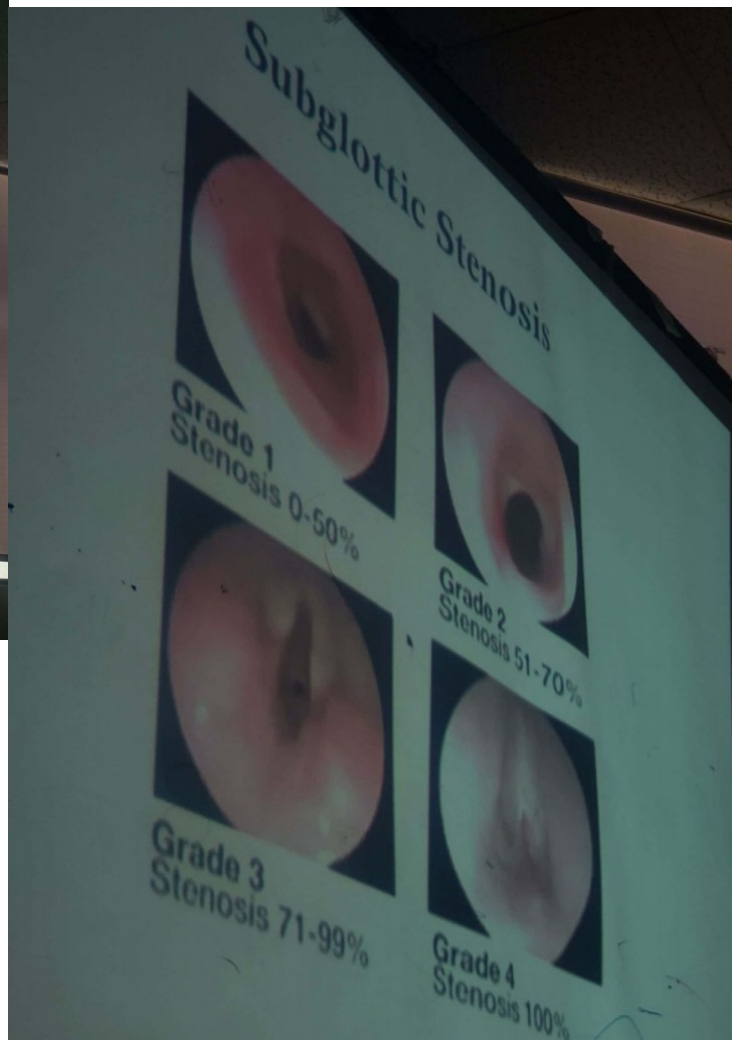
Laryngeal atresia

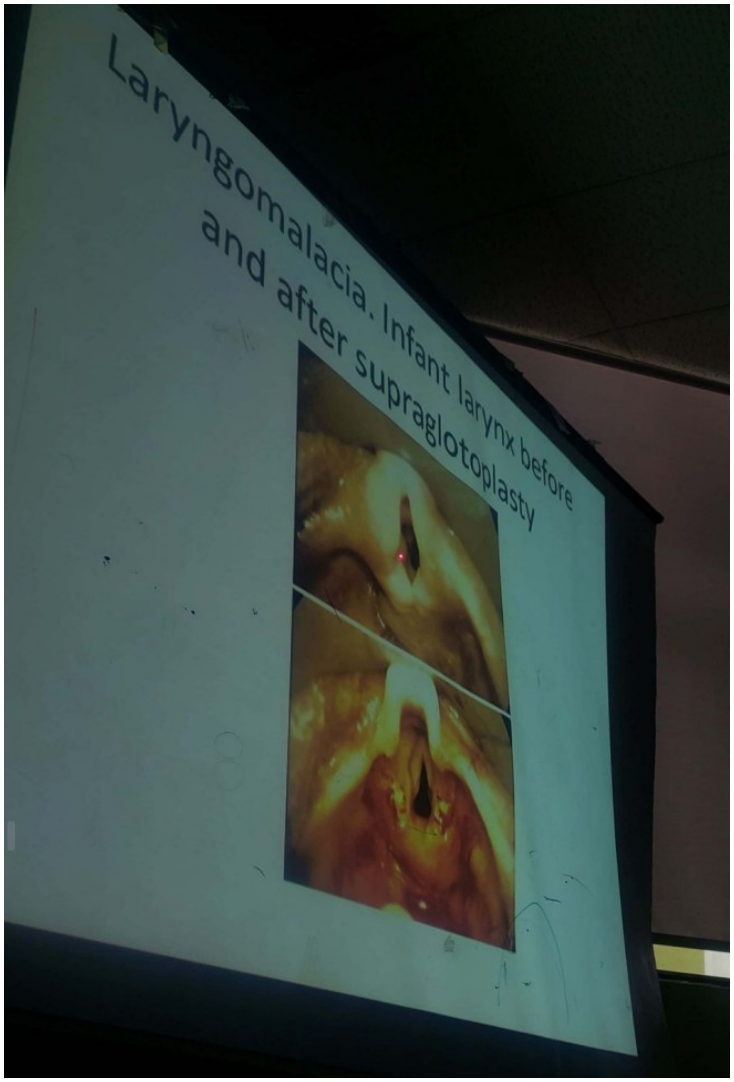

Area of saccular cyst following endoscopic resection.

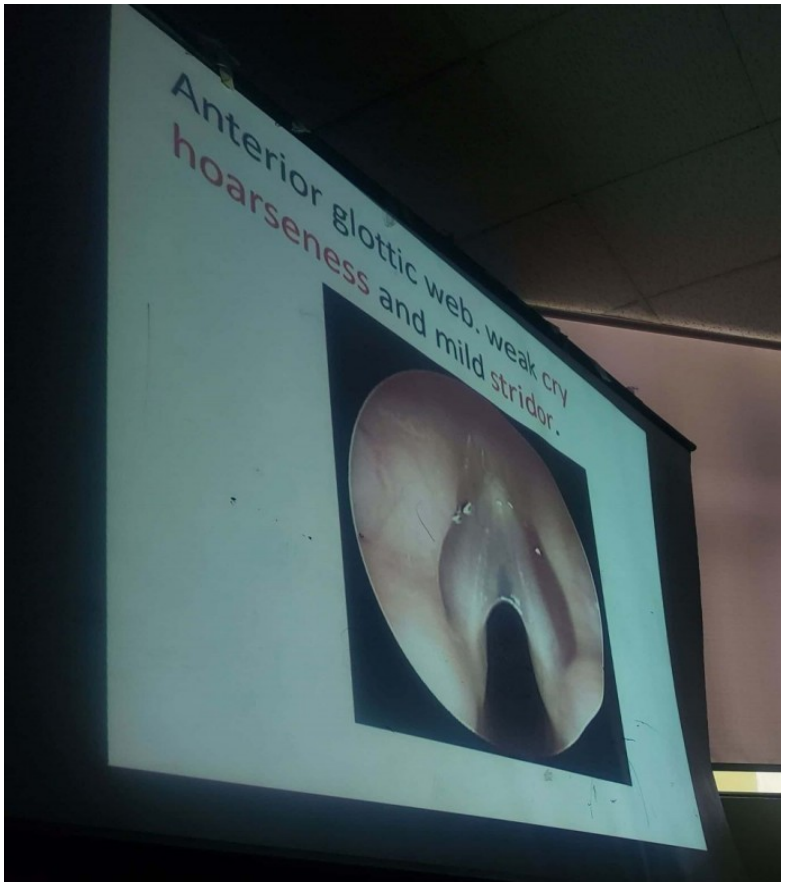

Vallecular cyst , Supraglottic cyst

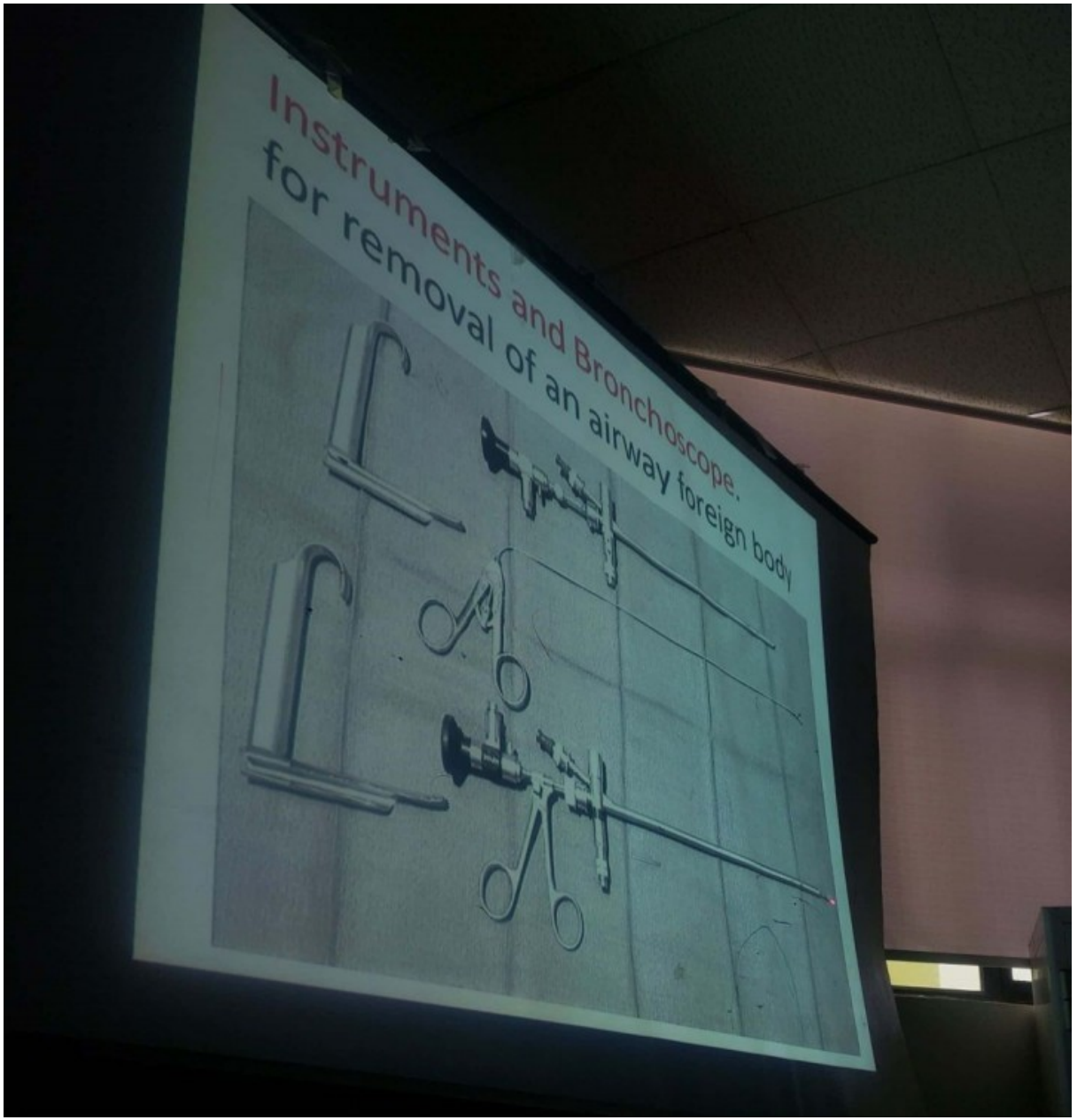

Laryngeal cleft completely through the cricoid cartilage).


Extensive cutaneous cervicofacial hemangioma

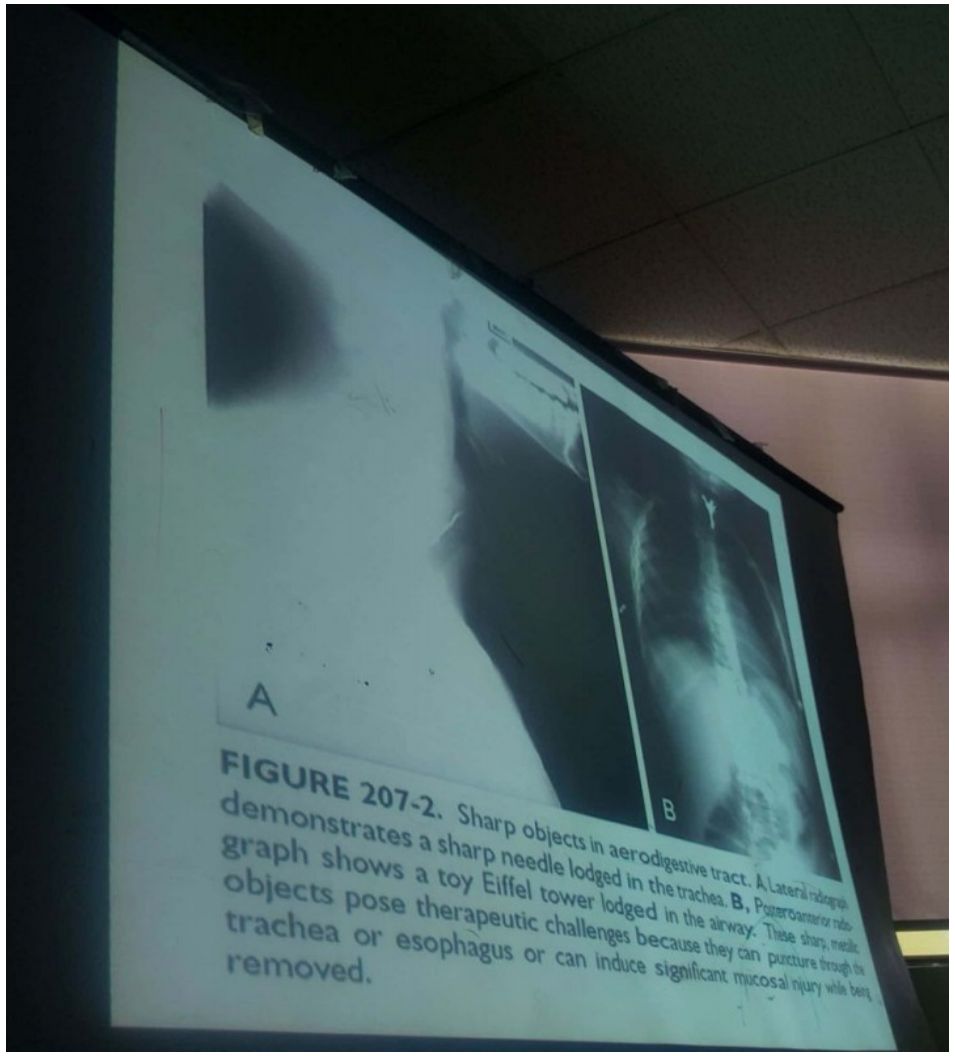

Subglottic Stenosis
Grade 1
Stenosis 0-50%
Grade 2
Stenosis 51-70%
Grade 3
Stenosis 71-99%
Grade 4
Stenosis 100%

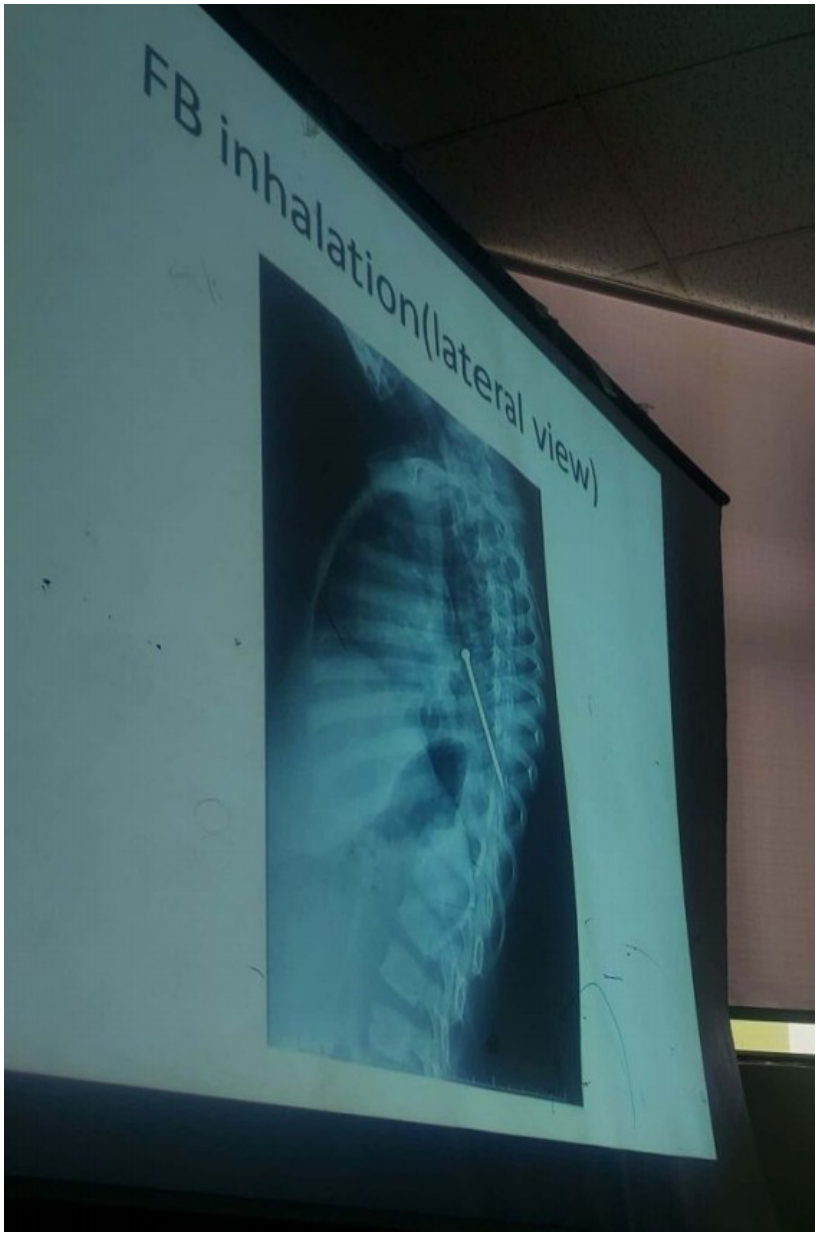

Laryngomalacia. Infant larynx before
and after supraglotoplasty

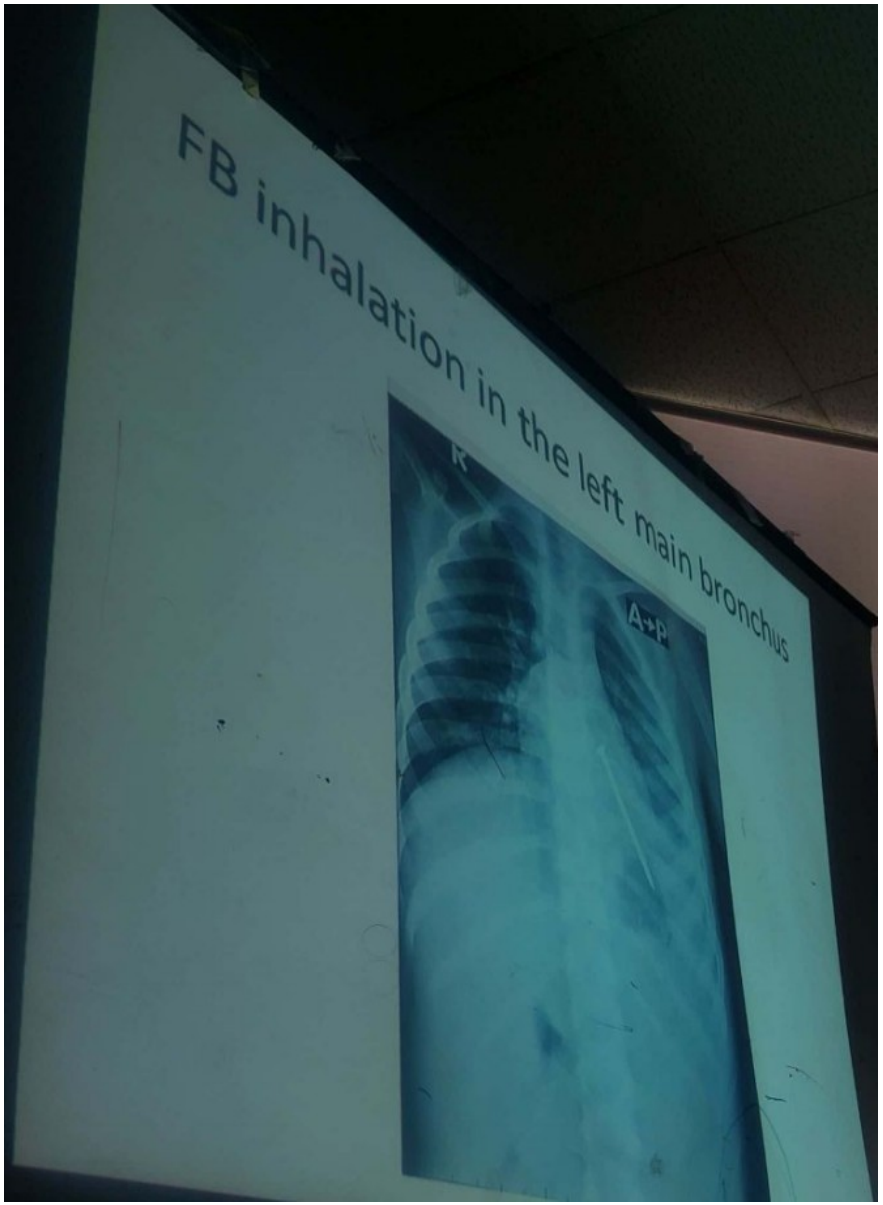

Anterior glottic web. weak cry
hoarseness and mild stridor.

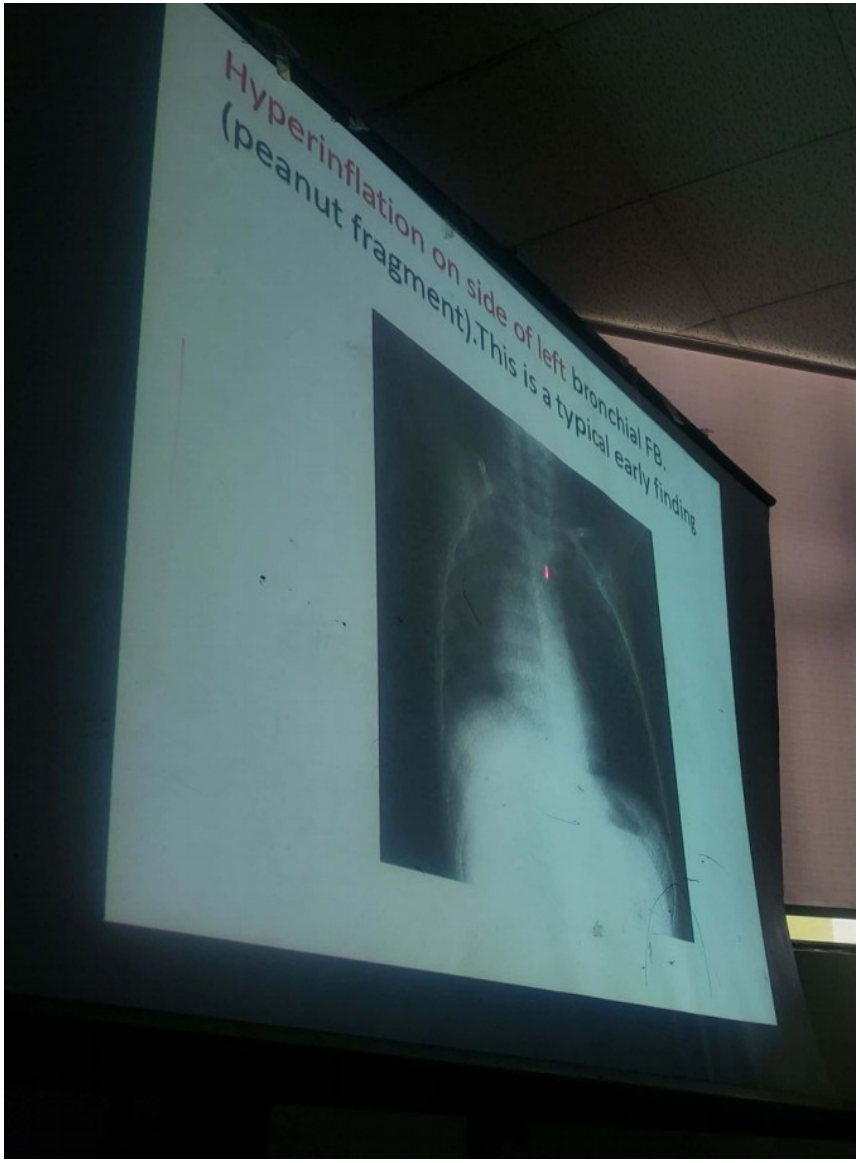

Instruments and Bronchoscope.
for removal of an airway foreign body

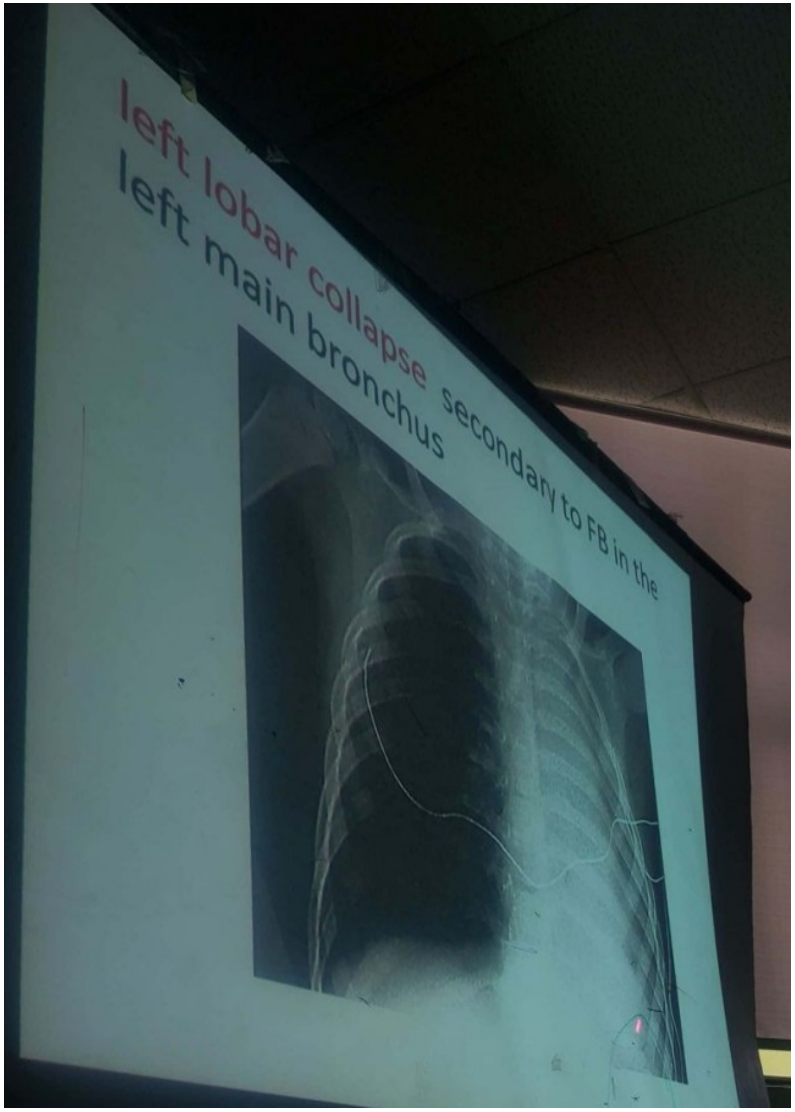
Posteroanterior and lateral views of a pen spring in right main bronchus
treatment by bronchoscopy and removal


A
B
FIGURE 207-2. Sharp objects in aerodigestive tract. A Lateral radiograph demonstrates a sharp needle lodged in the trachea. B, Posteroanterior radiograph shows a toy Eiffel tower lodged in the airway. These sharp, metallic objects pose therapeutic challenges because they can puncture through the trachea or esophagus or can induce significant mucosal injury while being removed.

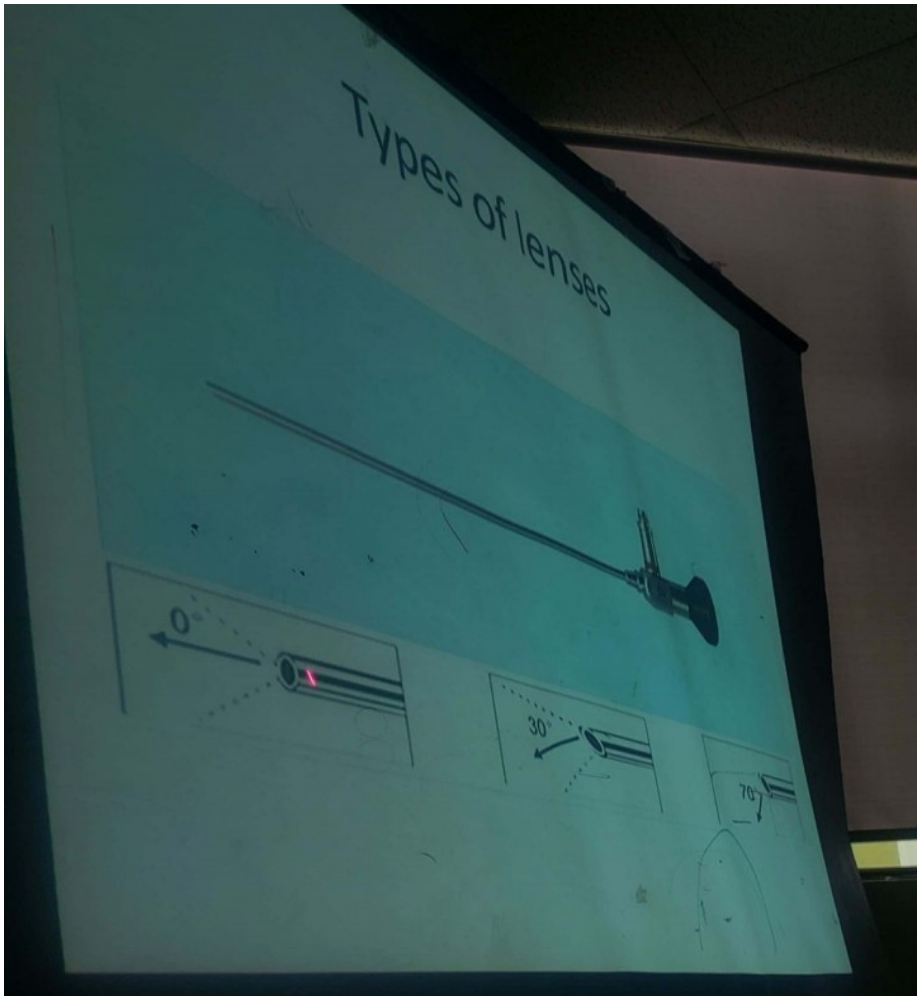

FB inhalation(lateral view)

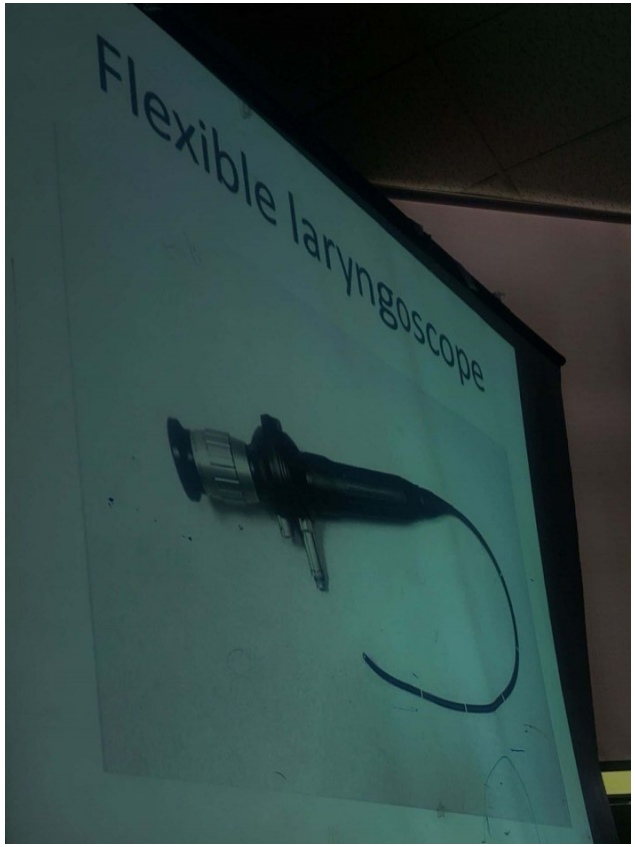

FB inhalation in the left main bronchus
A→P

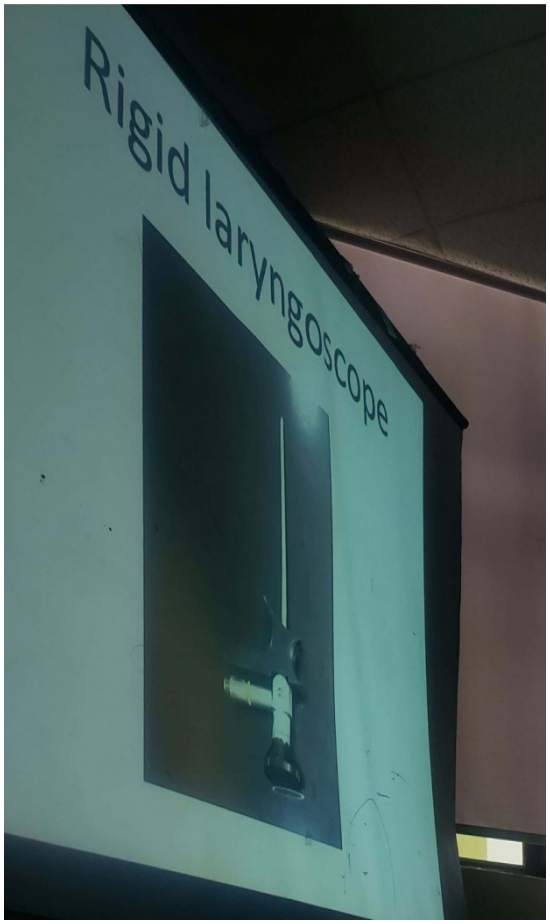

Hyperinflation on side of left bronchial FB.
(peanut fragment).This is a typical early finding

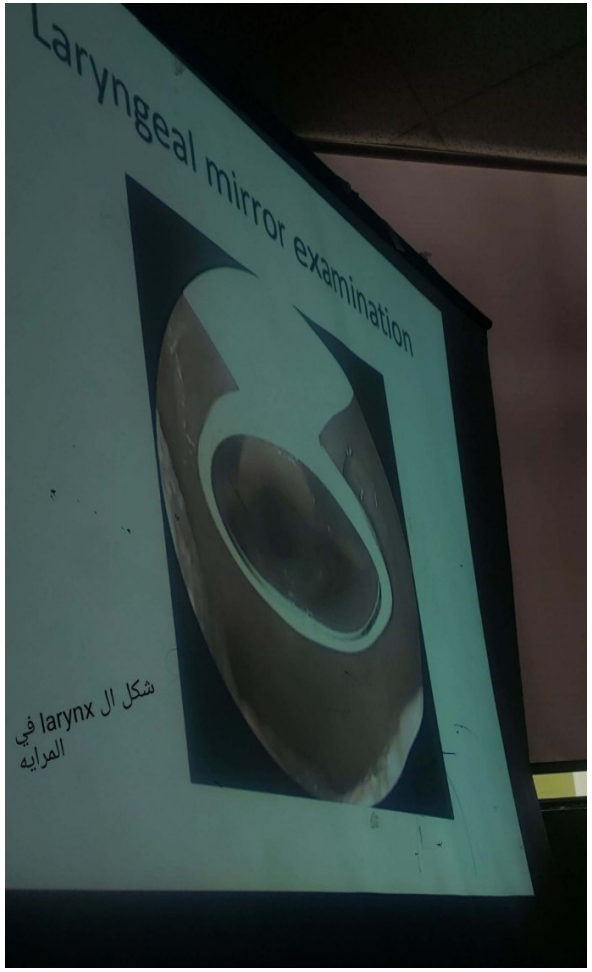

left lobar collapse secondary to FB in the
left main bronchus

Tracheostomy


Types of lenses
0°
30°
70°


Flexible laryngoscope


Rigid laryngoscope


Laryngeal mirror examination
شكل ال larynx في المرايه

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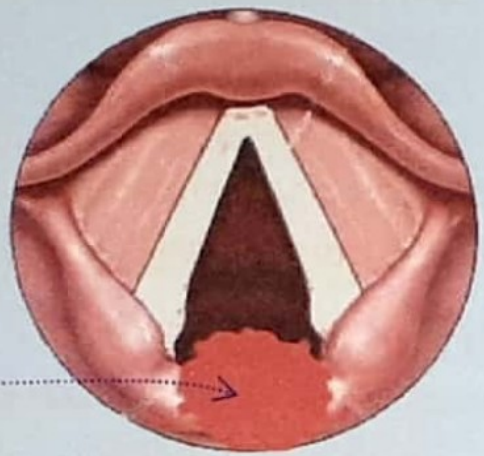
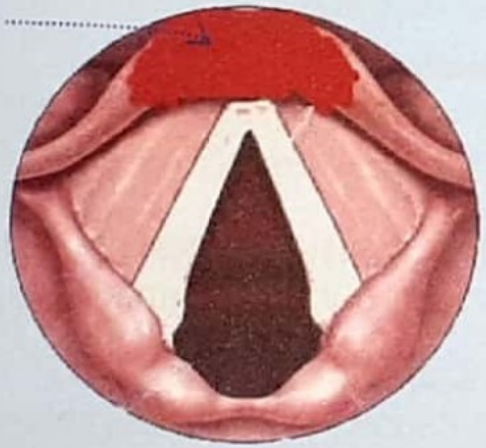
arytenoid).



T.B. Laryngitis

.B.
ight sweating.
d loss of appetite.

T.B. granulations in the posterior part of larynx.
crosis of cartilage → laryngeal stenosis.



niazid.

f larynx.

Syphilitic Laryngitis

Oral

اسئلة الشفوي المتكرر في جزئية Larynx

1- def, causes type of stridor?

2- congenital anomalies of Larynx?

3- examination of Larynx?

4- complications of tracheostomy ?

5- ttt and complications
of laryngeal trauma ?

6- c/p and ttt of lartngomalacia?

7- D/D of larynx cancer ?

8- causes of stridor in children ?

9- causes of congenital hoarseness ?

10- congenital unilateral vocal cord paralysis ?

11- ttt of congenital web and cyst?

12- calsification of laryngitis?

احمد حجر, 5:41 ص 1

الخطوات الصغيرة + الإستمرارية = تحقيق المُحال

A.A.A. QUSHAISH